

P 06000043086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

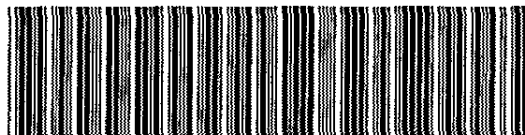
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06 DEC -4 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHRINATHJI, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000043086

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAGHUVIR AMIN  
(Name of Person)

(Name of Firm/Company)

8319 118TH AVE N  
(Address)

LARGO, FL 33773  
(City/State and Zip Code)

For further information concerning this matter, please call:

SACHIN AMIN at ( 813 ) 3683277  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
06 DEC -4 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, DIGISHA AMIN, hereby resign as MANAGER  
(Title)  
of SHRINATHJI, INC  
(Name of Corporation)  
P06000043086, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314